

U. S. \_\_\_\_\_ COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)THE UNITED STATES, Dr., \_\_\_\_\_  
Payee's Account No. \_\_\_\_\_To \_\_\_\_\_  
(Payee)

PAID BY

Cost # 3  
DDP-1226-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs					\$227.70
<b>PAYMENT:</b>							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>		Use continuation sheet(s) if necessary					
Shipped from	to	Weight	Government B/L No.			Total	\$227.70
I certify that the above bill is correct and just and that payment has not been received.							
(Payee must NOT use this space)							
Differences _____							
Amount verified; correct for _____							
(Signature or initials) <i>El</i>							
Contract No. <i>A-101</i>	Date	Req. No.	Date			Invoice Rec'd.	

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by	Check No. _____ dated _____, 19_____, for \$ _____	On Treasurer of the United States in favor of (payee named above)
	Cash, \$ _____, on _____, 19_____, Payee _____	(Sign original only)

\* When a voucher is signed or received in the name of a company or corporation, the name of the person writing the company or corporation must be indicated in the space provided for "Payee". For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATOTHR

## THE RAMO-WOOLDRIDGE CORPORATION

1000

## ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

1/18/59

THE RAMO-WOOLDRIDGE CORPORATION  
FORM STL-650

## ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

1/18/59

BATCH No.	INVOICE Mo.	PURCHASE Dey	CHECK Yr.	PAYMENT NUMBER ORDER NUMBER	PAYMENT DATE Mo.	Vendor Number	GROSS AMOUNT	DISCOUNT	CHARGE DISTRIBUTION			NET AMOUNT					
									Tax Class	Cost Element	TR. CODE						
Maj.	Int.	Sub.	Account	Work Order					M.J.O.	S.O.							
23	01	13	9	28381	3840	01	15	181	1	50	25	00	00	12501	3032	32	18100
99	01	16	9	28		10	31	3744	1	58	25	00	00	12501	3032	32	14444
																	32544*
																	32544**
																	1/19/59
																	241.82